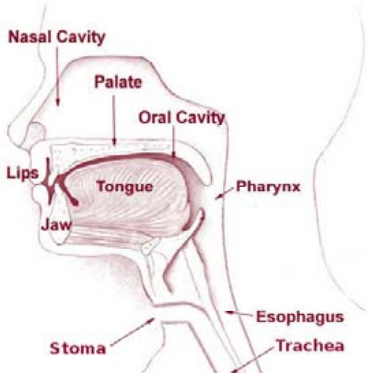
Tracheostomy Care

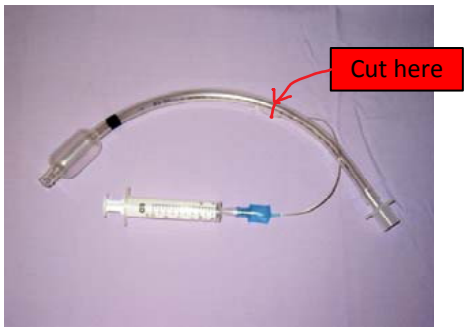
Paramedic

PROCEDURE

- ❑ Verify that there is an open tracheostomy, or a temporary tracheostomy tube
- ❑ Suction through the tracheostomy tube, or opening
- ❑ If the secretions are thick administer 2.5 – 5 mL of Normal Saline fluid to thin out secretions
- ❑ Ventilate through stoma
- ❑ If there continues to be complications attempt to insert a 6.0 ETT (can be cut down, do NOT cut pilot balloon inflation port)
- ❑ When placed inflate the balloon with 6-8mL of air.
- ❑ Ventilate through the ET tube, auscultate bilaterally to confirm proper placement – right mainstem placement is more likely
- ❑ Connect the ETCO2
- ❑ Secure the Endotracheal tube

REFERENCE GRAPHICS





KEY POINTS

- A temporary tracheostomy bypasses the upper airway. A metal or plastic tube is inserted through the soft tissue of the anterior neck into the trachea and is held in place with ties circling the neck
- Temporary tubes are rarely cuffed and aspiration is possible from above or from gastric contents
- A permanent tracheostomy is created when the upper airway structures are surgically removed. A stoma is created in the anterior neck and the trachea surgically attached to the stoma
- Suctioning removes air as well as secretions. Hyperventilate 5-6 breaths after suctioning

Medical Director: M. Riccardo Colella, DO, MPH, FACEP

Revision Date: September 2018